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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Podiatric Medical Assn., Inc. Podiatry Political Action Committee 9312 Old Georgetown Road ADDRESS (number and street) Check if different than previously Bethesda MD 20814 1698 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** CITY A ZIPCODE A IS THIS **AMENDED** NEW C00008839 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 0 1 2005 30 2005 1 1 11 Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Dr. Gerald Peterson, DPM Type or Print Name of Treasurer Electronically Filed by Dr. Gerald Peterson, DPM 07 18 2006 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003) Only

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Report Covering the Period: From:	01 2005	To: D D D 2 0 0 5
_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a) Cash on Hand January 1 Y2005		284106.18
(b) Cash on Hand at Begining of Reporting Period	310462.07	
(c) Total Receipts (from Line 19)	21265.42	388989.01
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	331727.49	673095.19
Total Disbursements (from Line 31)	56676.03	398043.73
Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	275051.46	275051.46
Debts and Obligations owed TO the committee (Itemize all on		
Schedule C and/or Schedule D)	0.00	
the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
X This Committee has qualified as a multicandidate	e committee. (see FEC FORM 1M)	

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

American Podiatric Medical Assn., Inc. Podiatry Political Action Committee

0 1 3^D0 м N 1 1 м м 1 1 2005 2005 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 10850.00 221045.88 (i) Itemized (use Schedule A) 10203.00 165612.00 (ii) Unitemized (iii) TOTAL (add 21053.00 386657.88 Lines 11(a)(i) and (ii) 0.00 0.00 (b) Political Party Committees Other Political Committees 0.00 0.00 (such as PACs) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry 21053.00 386657.88 Totals to Line 33, page 5) 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees 0.00 0.00 13. All Loans Received 0.00 0.00 14. Loan Repayments Received 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 0.00 (Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made to Federal candidates and Other 0.00 500.00 Political Committees 17. Other Federal Receipts 212.42 1831.13 (Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 0.00 (from Schedule H3) 0.00 0.00 (b) Levin Funds (from Schedule H5) 0.00 0.00 (c) Total Transfer (add 18(a) and 18(b)). 19. Total Receipts (add Lines 11(d), 21265.42 388989.01 12, 13, 14, 15, 16, 17, and 18(c))

21265.42

388989.01

DETAILED SUMMARY PAGE

of Disbursements

Page 4

FEC Form 3X (Rev. 02/2003)

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1.	Operating Expenditures: (a) Shared Federal/Non-Federal		
	Activity (from Schedule H4)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
	(b) Other Federal Operating Expenditures	676.03	10392.99
	(c) Total Operating Expenditures		
_	(add 21(a)(i), (a)(ii) and (b))	676.03	10392.99
2.	Transfers to Affiliated/Other Party Committees	0.00	0.00
3.	Contributions to		
	Federal Candidates/Committeesand Other Political Committees	56000.00	387372.88
4.	Independent Expenditure (use Schedule E)	0.00	0.00
5.	Coordinated Expenditures Made by Party		
	Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
6.	Loan Repayments Made	0.00	0.00
	Loans Made	0.00	0.00
8.	Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	250.00
	man Political Committees		
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	0.00
	(d) Total Contribution Refunds		0 0 0 0 0 0 0
	(add Lines 28(a), (b), and (c))	0.00	250.00
9.	Other Disbursements	0.00	27.86
0.	Federal Election Activity (2 U.S.C 431(20))		
	(a) Shared Federal Election Activity		
	(from Schedule H6)	0.00	0.00
	(i) Federal Share	0.00	0.00
	(ii) "Levin" Share	0.00	0.00
	(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
1.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	56676.03	398043.73
2.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) from Line 30(a)(ii)	E6676.00	202040.70
	from Line 31)	56676.03	398043.73

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Total Contributions (other than loans) from Line 11(d), page 3)	21053.00	386657.88
 Total Contribution Refunds (from Line 28(d))	0.00	250.00
Net Contributions (other than loans) (subtract Line 34 from Line 33)	21053.00	386407.88
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	676.03	10392.99
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	676.03	10392.99

COHEDINE A (EEC Form 2V)				FOR LINE NUMBER: PAGE 6/34
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12	
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	atemente may	y not be sold or used by any pers	
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
	7 interiori i Caratire Medical 7 teem, met	. ourany i	omioar / totion committee	
	Full Name (Last, First, Middle Initial)			
A.	Dr. Harold D. Sterling, Jr.			Date of Receipt
	Mailing Address 5406 River Bend Cir.			M M / D D / Y Y Y Y
				11 01 2005
	City	State	Zip Code	Transaction ID: 11711578
	Grand Ledge	MI	48837-8937	Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.	C		300.00
	N (5)	10 "		_
	Name of Employer Self Employed	Occupation		
		Podiatrist	-	_
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		300.00	
	Citiei (specify)	1 1	0 0 0 0 0 0 0	1
_	Full Name (Lest First Middle Initial)			-
В.	Full Name (Last, First, Middle Initial) Dr. Kendall P. Tabor			Date of Receipt
	Mailing Address 1414 W. Fair Ave. #50			M M / D D / Y Y Y Y
	1414 W. 1 all Ave. #30	11 01 2005		
	City	State	Zip Code	Transaction ID: 11711594
	Marquette	MI	49855-2675	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
		Podiatrist		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼			_
	Follows of and First Middle Lettaly			
C.	Full Name (Last, First, Middle Initial) Dr. Ronald J. Sollitto			Date of Receipt
-	Mailing Address 2405 Prospect Ave.			M M / D D / Y Y Y Y
	2 100 1 100 poot 7 tvo.			11 01 2005
	City	State	Zip Code	Transaction ID: 11711595
	Spring Lake	NJ	07762-1737	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
		10		_
	Name of Employer Self Employed	Occupation		
		Podiatrist		\dashv
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General		250.00	
	Other (specify)			1
1_				800.00
Ls	UBTOTAL of Receipts This Page (optional)			
1				

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and Sta	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/34 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using the r NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	name and address of any political committee to	solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Dr. Stephen I. Greenfogel Mailing Address 9 Floral Dr. City Randolph FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code NJ 07869-2958 C Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Dale Mark Rosenblum Mailing Address 13081 Lariat Ln. City Santa Ana FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State Zip Code CA 92705-2244 C Occupation Podiatrist Aggregate Year-to-Date ▼ 250.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Dr. Kenneth K. S. Mah Mailing Address 14495 S.W. Allen Blvd. City Beaverton FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	#101 State Zip Code OR 97005-4402 C Occupation Podiatrist Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)		750.00

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 8 / 34 (check only one)
••	LIMIZED RECEIF 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
Full Name (Last, First, Middle Initial) A. Dr. Joel T. Chariton				Date of Receipt
	Mailing Address 999 N. Main St.			11 04 2005
	City	State	Zip Code	Transaction ID: 11712233
	Randolph	MA	02368-3072	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify)	0 0	300.00	
— В.	Full Name (Last, First, Middle Initial) Dr. Edward D. Williams			Date of Receipt
	Mailing Address 1 Calle Medico			M M / D D / Y Y Y Y Y 1 1 1 0 4 2 0 0 5
	City	State	Zip Code	Transaction ID: 11715299
	Santa Fe	NM	87505-4764	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		7
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		040.00	1
	Other (specify) ▼		349.00	
— С.	Full Name (Last, First, Middle Initial) Dr. Jon Robert Tiessen			Date of Receipt
	Mailing Address 4607 Cypress Dr.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11715307
	Anacortes	WA	98221-1114	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	
	Self Employed	Podiatris	<u> </u>	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	1
s	LUBTOTAL of Receipts This Page (optional)		\	600.00

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 9/34	
	EMIZED RECEIPTS		or each category of the	(check only one)	
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12	
					17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. Jason Charles Harrill			Date of Receipt	
	Mailing Address 1280 W. Geronimo Pl.			11 08 2005	
	City	State	Zip Code	Transaction ID: 11715311	
	Chandler	AZ	85224-7254	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		150.00	
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:	1	Year-to-Date ▼	\dashv	
	Primary General	, iggi ogalo	Tour to Buto V		
	Other (specify) ▼	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Dr. Harold W. Vogler			Date of Receipt	
	Mailing Address 7950 Royal Birkdale Cir.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 11715312	
	Bradenton	FL	34202-2531	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:		Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
— С.	Full Name (Last, First, Middle Initial) Dr. Allen M. Jacobs			Date of Receipt	
	Mailing Address 6400 Clayton Rd. #402			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 11715315	
	Saint Louis	MO	63117-1850	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:	1	e Year-to-Date ▼		
	Primary General			1	
	Other (specify)		350.00		
s	UBTOTAL of Receipts This Page (optional)		•	450.00	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10/34		
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16	17	
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the r	atements may	not be sold or used by any person	on for the purpose of soliciting contributions		
7	NAME OF COMMITTEE (In Full)					
	American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee			
Α.	Full Name (Last, First, Middle Initial) Dr. Kenneth E. Jacoby			Date of Receipt		
	Mailing Address 4N 916 Middlecreek Ln.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 11715319		
	Saint Charles	IL	60175	Amount of Each Receipt this Period	_	
	FEC ID number of contributing federal political committee.			50.00		
	Name of Employer Self Employed	Occupation Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		300.00			
В.	Full Name (Last, First, Middle Initial) Dr. Steven M. Krych			Date of Receipt		
	Mailing Address 1106 Mayan Way			11 08 7 7 7 7 7		
	City State		Zip Code	Transaction ID: 11715323		
	Austin	TX	78733-2624	Amount of Each Receipt this Period	_	
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Self Employed	Occupation Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Jimmy L. Gregory			Date of Receipt		
	Mailing Address 4319 Covington Hwy. #	115		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
•		State	Zip Code	Transaction ID: 11715324		
	Decatur	GA	30035-1206	Amount of Each Receipt this Period	_	
Self Employed		C		250.00		
		Occupation Podiatris				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General Other (specify) ▼		500.00			
s	UBTOTAL of Receipts This Page (optional)			550.00		
一	OTAL This Poyled (last page this line number of	ınlıv)				
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COLIEDIU E A (EEO Form OV)		1		FOR LINE NUMBER: PAGE 11/34	
5	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)	
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			Detailed Summary Page		
				13 14 15 16 17	
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and ado	r not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. Robert C. Stevens			Date of Receipt	
	Mailing Address 1760 Brush College Rd.	N.W.		111 / 10 / Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 11729412	
	Salem	OR	97304-1410	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		250.00		
		0 0	0 0 0 0 0 0 0	4	
— В.	Full Name (Last, First, Middle Initial) Dr. Rock G. Positano			Date of Receipt	
	Mailing Address 535 E. 70th St.			M M / D D / Y Y Y Y	
				11 02 2005	
	City	State	Zip Code	Transaction ID: 11729468	
	New York	NY	10021-4898	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		1000.00	
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General	7.199.094.0	Total to Date (1	
	Other (specify) ▼		1000.00		
				1	
<u>С</u> .	Full Name (Last, First, Middle Initial) Dr. Charles R. Hounshell			Date of Receipt	
	Mailing Address 1217 Woodland Ave.			1 1 1 5 2 0 0 5	
	City	State	Zip Code	Transaction ID: 11737649	
	Fairmont	MN	56031-2018	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		300.00	
	Name of Employer Self Employed	Occupation Podiatrist		7	
	Receipt For:		Year-to-Date ▼	7	
	Primary General	33. 394.0		1	
	Other (specify)		300.00		
	Strict (opcon)) \	0 0			
				1550.00	
S	UBTOTAL of Receipts This Page (optional)		······	1330.00	
-				-	

IT	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 34 (check only one) X
Ar or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
<u>/</u> А.	Full Name (Last, First, Middle Initial) Dr. Stephen H. Silvani Mailing Address 3559 Old Mountain View City Lafayette FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr. Glenn J. Shintaku Mailing Address 5441 Cathy Circ	State CA C Occupation Podiatris		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 5441 Cathy Cir. City Cypress FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼	State CA C Occupation Podiatris Aggregate		Transaction ID: 11737657 Amount of Each Receipt this Period 250.00
C.	Full Name (Last, First, Middle Initial) Dr. Robert M. Caldwell Mailing Address 3703 Cottage Grove Ave City Cedar Rapids FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General Other (specify)	State IA C Occupation Podiatris		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
s	UBTOTAL of Receipts This Page (optional)		·····	800.00
Т	OTAL This Period (last page this line number on	ılv))	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 13/34		
	EMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	17
Δr	w information copied from such Reports and S	tatemente may	y not be cold or used by any perso		. /
or	ly information copied from such Reports and Sifor commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
Α.	Full Name (Last, First, Middle Initial) Dr. Lawrence E. Lloyd			Date of Receipt	
	Mailing Address 10537 Balroyal Ct. City	State	Zip Code	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Fishers	IN	46037-8846	Transaction ID: 11737697 Amount of Each Receipt this Period	
			40037-0040		7
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	8 8 8 8 8 8		
В.	Full Name (Last, First, Middle Initial) Dr. Judith E. Rubin			Date of Receipt	
	Mailing Address 11826 Pebbleton			111 / 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 11737698	
	Houston	TX	77070-2356	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Self Employed	Occupation	1	7	
		Podiatris			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. John K. Beighle			Date of Receipt	
	Mailing Address 1801 Selway Dr.			1 1 1 1 6 2 0 0 5	
	City	State	Zip Code	Transaction ID: 11737702	
	Missoula		59808-9314	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation Podiatrist			
Receipt For:			Year-to-Date ▼	7	
	Primary General		050.00		
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			1250.00	
\vdash	·				1
т	OTAL This Period (last page this line number		1		

SCHEDULE A (FEC Form 3X)			11	FOR LINE NUMBER: PAGE 14/34	
	· ·	Use separate schedule(s) or each category of the		(check only one)	
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
				13 14 15 16 17	
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any person	on for the purpose of soliciting contributions	
or		ame and add	iress of any political committee to	Solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)	D. P. L. D	a Pitha a L. Alarka a Community and		
\angle	American Podiatric Medical Assn., Inc.	Podlatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Michael H. Herbst			Date of Receipt	
	Mailing Address 972 Farm Haven Dr.			11 16 2005	
	City	State	Zip Code	Transaction ID: 11737705	
	Rockville	MD	20852-4213	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:		Year-to-Date ▼	\dashv	
	Primary General	39 -3		1	
	Other (specify) ▼	1	500.00		
В.	Full Name (Last, First, Middle Initial) Dr. John M. Donohue			Date of Receipt	
	Mailing Address 4508 Oxford Ave.			11 17 2005	
	City	State	Zip Code	Transaction ID: 11740883	
	Edina	MN	55436-1406	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:		Year-to-Date ▼		
	Primary General	7 (gg. 0ga.0		1	
	Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Stephen H. Powless			Date of Receipt	
J .	Mailing Address Park Nicollet Clinic			M M / D D / Y Y Y Y	
	3900 Park Nicollet Blvd.			11 1 2 0 0 5	
	City	State	Zip Code	Transaction ID: 11740887	
	Saint Louis Park	MN	55416-2620	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		100.00	
	Name of Employer Self Employed	Occupation			
		Podiatrist		_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,	
	Other (specify)		350.00		
	Carlot (opcoiny) \	-	0 0 0 0 0 0 0	1	
ء	UBTOTAL of Receipts This Page (optional)			600.00	
\vdash	age (optional)				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 15 / 34 (check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee	
_	Full Name (Lost First Middle Initial)			1
۹.	Full Name (Last, First, Middle Initial) Dr. James Rolf Natwick			Date of Receipt
	Mailing Address 1332 Waterford Rd.			1 1 1 7 2 0 0 5
	City	State	Zip Code	Transaction ID: 11740892
	Woodbury	MN	55125-2365	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation		
	Receipt For:	Podiatris: Aggregate	Year-to-Date ▼	-
	Primary General	rigg. oguio		1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Dr. Scott Frederick Jorgensen			Date of Receipt
	Mailing Address 6917 Dawson Ln.			1 1 1 7 2 0 0 5
	City	State	Zip Code	Transaction ID: 11740893
	<u>Edina</u>	MN	55435-1601	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
 C.	Full Name (Last, First, Middle Initial) Dr. N. Arvid Vasenden			Date of Receipt
	Mailing Address 195 Rocky Branch Rd.			M M / D D / Y Y Y Y Y Y 1 Y 1 1 1 1 7 2 0 0 5
	City	State	Zip Code	Transaction ID: 11742876
	Athens	GA	30605-4510	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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T	OTAL This Period (last page this line number or	າly)		

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16 / 34 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry P	Political Action Committee	
۸.	Full Name (Last, First, Middle Initial) Dr. Bruce Krell			Date of Receipt
	Mailing Address Arizona Orthopedic Surgapos W. Warner Rd. #2		t	111 18 2005
	City Chandler	State AZ	Zip Code 85224-1674	Transaction ID: 11750466 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00224 1074	100.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
3.	Full Name (Last, First, Middle Initial) Dr. William D. Fishco			Date of Receipt
	Mailing Address 1230 W. Sousa Ct.			111 18 2005
	City Anthem	State AZ	Zip Code	Transaction ID: 11750467
	FEC ID number of contributing federal political committee.	C	85086-2916	Amount of Each Receipt this Period 175.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
).	Full Name (Last, First, Middle Initial) Dr. Anthony M. Overton, Jr.			Date of Receipt
	Mailing Address 21032 Apollo Cir.			1 1 1 8 2 0 0 5
	City Olympia Fields	State II	Zip Code 60461-1831	Transaction ID: 11750468 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	004011001	250.00
	Name of Employer Self Employed	Occupation Podiatris		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			525.00
T	OTAL This Period (last page this line number o	nlv)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 17/34
	EMIZED RECEIPTS		or each category of the	(check only one)
11	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
			zotanou cammary r ago	13 14 15 16 17
Ar or	y information copied from such Reports and Statem for commercial purposes, other than using the nam	nents may no	ot be sold or used by any persons of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
abla	NAME OF COMMITTEE (In Full)			
\rangle	American Podiatric Medical Assn., Inc. Po	odiatry Poli	tical Action Committee	
Α.	Full Name (Last, First, Middle Initial) Dr. Subodh K. Choudhary			Date of Receipt
	Mailing Address 310 Raven Rd.			11 22 2005
	City	State	Zip Code	Transaction ID: 11750469
	Greenville	SC	29615-4248	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Self Employed 1	Occupation Podiatrist		
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General	1 1 1	250.00	
	Other (specify)	0 0 0	230.00	
В.	Full Name (Last, First, Middle Initial) Dr. Rick Siegel			Date of Receipt
	Mailing Address 2759 Elizabeth Lake Rd. #	101		1 1 2 5 2 0 0 5
	City	State	Zip Code	Transaction ID: 11757773
	Waterford	MI	48328-3214	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		500.00
	Self Employed	Occupation Podiatrist		
	Receipt For:	Aggregate Ye	ear-to-Date ▼	
	Primary General	1 1 1	500.00	1
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Robert G. Levine			Date of Receipt
	Mailing Address 8907 Ayrshire Ave.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 11757807
	-	KY	40222-5602	Amount of Each Receipt this Period
	FEO ID according of a cold half-on	С		250.00
	Self Employed 1	Occupation Podiatrist		
		Aggregate Ye	ear-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		250.00	
				1000 00
S	UBTOTAL of Receipts This Page (optional)			1000.00

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 18	/ 34
	EMIZED RECEIPTS		or each category of the	(check only one)	
••			Detailed Summary Page		2 6
Δr	ay information copied from such Reports and St	atemente may	y not be sold or used by any perso		
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee	ee.
\setminus	NAME OF COMMITTEE (In Full)				
	American Podiatric Medical Assn., Inc.	Podiatry P	olitical Action Committee		
A.	Full Name (Last, First, Middle Initial) Dr. Gregory A. Worley			Date of Receipt	
	Mailing Address 694 Chambers Rd.	Chaha	7'a Cada	11 28 20	0.5
	City Walton	State KY	Zip Code	Transaction ID: 11757808	1
		IN I	41094-9505	Amount of Each Receipt this Peri	oa
	FEC ID number of contributing federal political committee.	C		300	0.00
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		300.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.				Date of Receipt	
	Mailing Address 109 N. Racebrook Rd.			11 28 20	0.5
	City	State	Zip Code	Transaction ID: 11757814	
	Woodbridge	CT	06525-1407	Amount of Each Receipt this Peri	od
	FEC ID number of contributing federal political committee.	C		129	5.00
	Name of Employer Self Employed	Occupation			
		Podiatrist	•	_	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	.	
	Other (specify) ▼		250.00		
<u>с.</u>	Full Name (Last, First, Middle Initial) Dr. Rebecca Smiley-Leis			Date of Receipt	
	Mailing Address 147 Stone Path Ln.			1 1 2 8 2 0	0.5
	City	State	Zip Code	Transaction ID: 11758548	
	Eagle	ID	83616-7139	Amount of Each Receipt this Peri	od
	FEC ID number of contributing federal political committee.	C		250	0.00
	Name of Employer Self Employed	Occupation Podiatrist			
	Receipt For:		e Year-to-Date ▼	1	
	Primary General		050.00		
	Other (specify) ▼		250.00		
s	UBTOTAL of Receipts This Page (optional)			675	5.00
\vdash	·				
т	OTAL This Period (last page this line number of	only)	>		

A. Dr. Stanley Leis

City

Eagle

Name of Employer Self Employed

Primary

Receipt For:

B. Dr. S. Ronald Miller

City

Reading

Name of Employer Self Employed

Primary

Other (specify)

General

Receipt For:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

PAGE 19/34 FOR LINE NUMBER: Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Podiatry Political Action Committee Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 372 E. Woodlander Ct. 1.1 28 2005 State Zip Code Transaction ID: 11758549 ID 83616-6323 Amount of Each Receipt this Period FEC ID number of contributing 250.00 C federal political committee. Occupation **Podiatrist** Aggregate Year-to-Date ▼ General 250.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address 14 Courtleigh Pl. 28 2005 Zip Code State Transaction ID: 11758550 PA 19606-2941 Amount of Each Receipt this Period FEC ID number of contributing C 300.00 federal political committee. Occupation

300.00

SUBTOTAL of Receipts This Page (optional)	•	550.00
TOTAL This Period (last page this line number only)	<u>,</u>	10850.00

Podiatrist

Aggregate Year-to-Date ▼

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 34 (check only one) 11a 11b 11c 12 13 14 15 16 🔀 17
Any information copied from such Reports and Sta or for commercial purposes, other than using the n	atements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc.	Podiatry Political Action Committee	
Full Name (Last, First, Middle Initial) Investment Account, Interest/Dividends Mailing Address 100 Light St., 19th Floor City	r State Zip Code	Date of Receipt M
Baltimore FEC ID number of contributing federal political committee.	MD 21202-1036	Amount of Each Receipt this Period 212.42
Name of Employer Citigroup Global Markets, Inc. Receipt For: Primary General Other (specify) ▼	Occupation Investment Firm Aggregate Year-to-Date ▼ 1831.13	

SUBTOTAL of Receipts This Page (optional)	•	212.42
TOTAL This Period (last page this line number only)	<u> </u>	212.42

	CHEDULE B (FEC Form 3X)	Use sepe	erate schedule(s)		NUMBER:	PAGE 21 / 34	
IT	EMIZED DISBURSEMENTS	for each o	category of the Summary Page	(check only	y one) T 22 T 23	3	26
				27	28a 28	3b 28c 29 3	30b
	y Information copied from such Reports and Stateme for commercial purposes, other than using the name						
<u>_</u>	NAME OF COMMITTEE (In Full)						
/	American Podiatric Medical Assn., Inc. Pod	diatry Poli	tical Action Co	mmittee			
Δ	Full Name (Last, First, Middle Initial)					ID: 12780373	
٩.	Wachovia Bank, N.A.				Date of Disb		
	Mailing Address NC8502 PO Box 563966				11	02	
		State NC	Zip Code 28262-3966		Amount of Ea	ach Disbursement this Period	
	Purpose of Disbursement	INC	20202-3900			245.55	
	Bank Fees			001			_
	Candidate Name			Category/ Type			
	Office Sought: House Disburser Senate	ment For: Primary	General		Bank Fees		
	President	Other (spec					
	State: District:						
3.	Full Name (Last, First, Middle Initial) Wachovia Bank, N.A.					ID : 12780374	
-	,				Date of Disb		
	Mailing Address NC8502 PO Box 563966				1 1 "	000	
	,	State NC	Zip Code 28262-3966		Amount of Ea	ach Disbursement this Period	_
	Purpose of Disbursement			1		106.48	
	Bank Fees Candidate Name			001 Category/			
				Type			
	Office Sought: House Disburser		Canaral		Bank Fees		
	Senate President	Primary Other (spec	General cify) ▼				
	State: District:	(- I	· · ·				
)]	Full Name (Last, First, Middle Initial)					ID: 12780375	
	Wachovia Bank, N.A.				Date of Disb		
	Mailing Address NC8502 PO Box 563966				11	D 0 2 Y 2 0 0 5 Y	
		State NC	Zip Code 28262-3966		Amount of Ea	ach Disbursement this Period	7
	Purpose of Disbursement Bank Fees			001		20.10	_
	Candidate Name			Category/ Type			
	Office Sought: House Disburser				Bank Fees		
	Senate President	Primary Other (spec	☐ General				
	State: District:	J (3p6)	~ <i>j</i>				
						270 12	Ŧ
S	UBTOTAL of Disbursements This Page (optional)			········· <u>}</u>		372.13	4
т.	OTAL This Period (last page this line number only)						

	CHEDULE B (FEC Form 3X)		erate schedule(s)		FOR LINE (check only		R:	PAG	E 22/3	34
IT	EMIZED DISBURSEMENTS		category of the Summary Page		X 21b	22	23	24	25	26
_	16 17 18			[27	28a	28b	28c	29	30k
	y Information copied from such Reports and Statem for commercial purposes, other than using the name									S
\setminus	NAME OF COMMITTEE (In Full)									
\backslash	American Podiatric Medical Assn., Inc. Po	odiatry Poli	itical Action Co	ommi	ttee					
Α.	Full Name (Last, First, Middle Initial)							12780376	;	
	Wachovia Bank, N.A.					М	of Disburse		Y Y S	_ Y
	Mailing Address NC8502 PO Box 563966					1 1		2	ž 0 ŏ 5)
	City	State NC	Zip Code 28262-3966			Amou	nt of Each	Disburseme	ent this F	Period
	Purpose of Disbursement	- INC	20202-3900						4.5	50
	Bank Fees			C	001					
	Candidate Name				egory/ ype					
	Office Sought: House Disburse	ement For:			jpo	Bank	F000			
	Senate	Primary	General			Бапк	rees			
	President State: District:	Other (spe	ecity)							
_	Full Name (Last, First, Middle Initial)					Trans	action ID:	12780377	,	
В.	Wachovia Bank, N.A.						of Disburse			
	Mailing Address NC8502 PO Box 563966					1 ^M 1	M / D 0	^D / Y	ž 0 ŏ 5	5 Y
	City	State NC	Zip Code 28262-3966			Amou	nt of Each	Disburseme	ent this F	Period
	Purpose of Disbursement	INC	20202-3900	_					0.9	95
	Bank Fees				001					
	Candidate Name				egory/ ype					
		ement For:				Bank	Fees			
	Senate President	Primary Other (spe	General			Danix	. 000			
	State: District:	Other (spec	Giry) 🔻							
_	Full Name (Last, First, Middle Initial)							12780378	,	
Ο.	Wachovia Bank, N.A.						of Disburse		YYY	Υ
	Mailing Address NC8502 PO Box 563966					1 1	0	^D / Y	ž 0 ŏ 5	5
	City	State NC	Zip Code 28262-3966			Amou	nt of Each	Disburseme	ent this F	Period
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	Bank Fees Candidate Name				egory/					
				Т	уре					
	Office Sought: House Disburse Senate	ement For: Primary	General			Bank	Fees			
	President	Other (spe								
_	State: District:									
s	UBTOTAL of Disbursements This Page (optional)				•				95.1	17
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5(CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 23/34
IT	EMIZED DISBURSEMENTS	for each category of the	(check onl	y one)
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		, ,	27	28a 28b 28c 29 30b
	y Information copied from such Reports and Stat		, , ,	
or	for commercial purposes, other than using the na	ne and address of any political co	mmittee to so	plicit contributions from such committee
\	NAME OF COMMITTEE (In Full)			
/	American Podiatric Medical Assn., Inc.	Podiatry Political Action Com	mittee	
	Full Name (Last, First, Middle Initial)			Transaction ID: 11808039
۹.	Investment Account, Interest/Dividends			Date of Disbursement
				111 30 Y 2005
	Mailing Address 100 Light St., 19th Flor	or		11 30 2005
	City	State Zip Code		Amount of Each Disbursement this Period
	Baltimore	MD 21202-1036		
	Purpose of Disbursement	-		208.73
	Interest Expense		001	
	Candidate Name		Category/	
			Туре	
	Office Sought: House Disbu	sement For:		Interest Expense
	Senate	Primary General		microst Expense
	President	Other (specify)		
	State: District:			

		209 72	
SUBTOTAL of Disbursements This Page (optional)	•	208.73	┙
TOTAL This Period (last page this line number only)	•	676.03	

	CHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)				.INE I conly					Ľ	AGL	24 /	04
ΙT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page			21	ь Ĺ	22 28a	Х	23 28b		24 28c		25 29	26 30
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orı	or commercial purposes, other than using the na	ne and address of any political	com	ırmı	itee i	O SOII	CIT CONT	ribut	ions	irom	sucn	com	millee	
$ \rangle$	American Podiatric Medical Assn., Inc. F	odiatry Political Action Co	omm	nit	tee									
	Full Name (Last, First, Middle Initial)						Trans	sact	ion II	D: 11	708	513		
Α.	John D. Dingell For Congress Committee						Date							_
	Mailing Address 607 14th Street N.W. Suite 800						1 1	М	/ D	0 2]	2	0 Ó	5 ^Y
	City	State Zip Code					Amou	unt o	f Eac	h Di	sburs	emer	nt this	Period
	Washington Purpose of Disbursement	DC 20005	_									:	2500.	00
	2006 General Election			01	11			-	-			_	-	
	Candidate Name Rep. John D. Dingell			ate Ty	gory/ pe									
	Office Sought: X House Senate President State: MI District: 15	ement For: 2006 Primary X General Other (specify)					2006	Ge	nera	l Ele	ection	1		
_	Full Name (Last, First, Middle Initial)						T		II	D. 11	700	E 1 E		
B.	Blumenauer For Congress						Trans Date			seme			/ * Y *	Y
	Mailing Address 921 Sw Washington Su	ite 810					1 1		L	0 2] [2	2 o ŏ :	5
	City Portland	State Zip Code OR 97205					Amou	unt o	f Eac	h Di	sburs	-		Period
	Purpose of Disbursement 2006 Primary Election			01	11	7			-		-		1000.	00
	Candidate Name Rep. Earl Blumenauer		Ca	_	gory/									
	v A	ement For: 2006 (Primary General Other (specify)					2006	Prii	mary	/ Ele	ection	1		
— С.	Full Name (Last, First, Middle Initial) Allyson Schwartz For Congress						Trans Date					861		
	Mailing Address P.O. Box 45706						м 1 1	M	/ D		1 /	Y	2 o ŏ	5 ^Y
	City Philadelphia	State Zip Code PA 19149					Amou	unt o	f Eac	h Di	sburs	emer	nt this	Period
	Purpose of Disbursement 2006 Primary Election			01	11	7	L.						1000.	00
	Candidate Name Rep. Allyson Schwartz			ate Ty	gory/ pe									
		ement For: 2006 Primary General Other (specify)					2006	Prii	mary	/ Ele	ection	1		
	JBTOTAL of Disbursements This Page (optional					→			•			4	500.	00

	SHEDOLL B (I LOT OHII 3X)	Use seperate schedule(s)			LINE N k only	one) VUMBE	:K:			PA	GE	25 / 3	34
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		Ľ	21	b Ĺ	22 28a	Х	23 28b	П	24 28c		25 29	26 30l
	y Information copied from such Reports and State													s
Or	for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)	e and address of any politica	u com	1111	iiilee	to sone	CIL COTILI	ribut	IONS II	OIII S	ucn c	OHIII	iillee	
\rangle	American Podiatric Medical Assn., Inc. P	odiatry Political Action C	omm	ni	ttee									
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 117	70859	99		
Α.	Diane E Watson For Congress							of D м	isburs		nt	V	· V	V
	Mailing Address 601 S Glenoaks BI #211						1 1	M	′	3	/	Ž	0 Ď 5	5
	City	State Zip Code					Amou	ınt o	f Each	n Disl	burser	nent	this F	Period
	Burbank	CA 91502										2	500.0	00
	Purpose of Disbursement 2006 Primary Election			0	11			-			_		000.	50
	Candidate Name		Ca	at	egory	7								
	Rep. Diane E. Watson			T	ype									
	Senate President	ement For: 2006 Primary General Other (specify)					2006	Prir	mary	Elec	ction			
	State: CA District: 33			_										
В.	Full Name (Last, First, Middle Initial) Committee To Elect Gary Ackerman						Trans		on ID			97		
							M	м	/ D	D	/ Y	Y	Y	Υ
	Mailing Address 100 Jericho Quadrangle Suite 233						1 1			7		, 2	0 Ď 5	
	City Jericho	State Zip Code NY 11753					Amou	ınt o	f Each	n Disl	burser	nent	this F	Period
	Purpose of Disbursement	11700		_	_	_						1	000.	00
	2006 Primary Election			0	11,									
	Candidate Name Rep. Gary L. Ackerman				egory ype	/								
		ement For: 2006					2006	Prir	marv	Flec	rtion			
		Char (anality)					2000		iiai y		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	President State: NY District: 5	Other (specify) ▼												
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID	: 117	71309	99		
C.	Hoosiers Supporting Buyer For Congress								isburs		nt			_
	Mailing Address 200 North Main St. P.C	. Box 712					1 1	М	[′]	7	/ L	ž	0 Ď 5	5
	City Monticello	State Zip Code IN 47960					Amou	ınt o	f Each	n Disl	burser	nent	this F	Period
	Purpose of Disbursement 2006 Primary Election			0	11	7	L.					, 1	000.	00
	Candidate Name Rep. Steve Buyer		Ca	at	egory ype	/								
	Office Sought: X House Disburs	ement For: 2006 Primary General Other (specify)	<u> </u>		<u>, , , , , , , , , , , , , , , , , , , </u>		2006	Prir	mary	Elec	tion			
_	State: IN District: 4													
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American Podiatric Medical Assn., Inc.	odiatry Political Action Com	mittee				
Full Name (Last, First, Middle Initial)				on ID: 1171310	01	
Rogers For Congress			MM	sbursement	Y Y	Υ
Mailing Address Post Office Box 581			1 1 1	07	2 0 0 5	
City	State Zip Code MI 48116		Amount of	Each Disburse	ment this P	eriod
Brighton Purpose of Disbursement	1VII 40110				1000.0	0
2006 Primary Election		011				
Candidate Name Rep. Michael J. Rogers		Category/ Type				
Senate President	sement For: 2006 K Primary General Other (specify)		2006 Prin	nary Election		
State: MI District: 8 Full Name (Last, First, Middle Initial)						
Friends of Max Baucus				on ID: 1171310 sbursement	03	
Mailing Address Box 586			111	077	ž 0 ŏ 5	Y
City Helena	State Zip Code MT 59624		Amount of	Each Disburser		-
Purpose of Disbursement 2008 Primary Election		011			1500.0	0
Candidate Name Senator Max Baucus		011 Category/ Type				
χ Senate President	sement For: 2008 Primary General C Other (specify) ▼ Primary Electio		2008 Prin	nary Election		
Full Name (Last, First, Middle Initial)	Timary Liectio		Transaction	on ID: 1171309		
Stephanie Tubbs Jones For Us Congres				sbursement	90	
Mailing Address 3729 Silsby Rd			11	07	ž 0 ŏ 5	Y
City University Heights	State Zip Code OH 44118		Amount of	Each Disburser	ment this P	eriod
Purpose of Disbursement 2006 Primary Election		011			1000.0	0
Candidate Name Rep. Stephanie Tubbs Jones		Category/ Type				
Office Sought: X House Senate President State: OH District: 11	sement For: 2006 Remary General Other (specify)	··	2006 Prin	nary Election		
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\	NAME OF COMMITTEE (In Full)	— and address of any politica	ii COIII		iillee	to Solic	on Corn	ibuti	10115 111	OIII SU	- COI	mmuee	
\rangle	American Podiatric Medical Assn., Inc. I	Podiatry Political Action C	omm	nit	ttee								
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	:117	13096	6	
Α.	Anna Eshoo For Congress							of Di	isburse		t	V V	V
	Mailing Address 555 Capitol Mall Suite	1425					1 1 1		′	7	L.	ž 0 ŏ	5 '
	City	State Zip Code					Amou	int of	f Each	Disb	ursem	ent this	Period
	Sacramento Purpose of Disbursement	CA 95814										1000	.00
	2006 Primary Election			0	11				0				
	Candidate Name Rep. Anna G. Eshoo				egory/ ype								
	X	xsement For: 2006 X Primary General Other (specify)					2006	Prin	mary	Elect	ion		
_	Full Name (Last, First, Middle Initial)						Trans		an ID:	117	13100	`	
В.	Sue Myrick For Congress						Date		isburse		t		Υ
	Mailing Address P.O. Box 37091						1 1			7	L.	žoŏ	5
	City Charlotte	State Zip Code NC 28237					Amou	int of	f Each	Disb	urseme	ent this	
	Purpose of Disbursement 2006 Primary Election			۸	11	٦l			0			1000	.00
	Candidate Name Rep. Sue Wilkins Myrick		Ca	ate	egory/ ype	-							
	Senate President	sement For: 2006 X Primary General Other (specify)	•				2006	Prin	mary	Elect	ion		
	State: NC District: 9												
C.	Full Name (Last, First, Middle Initial) Doyle For Congress Committee						Date	of Di	isburs	emen			
	Mailing Address 2227 Hampton Street						м 1 1	М	[′]	7	' L	žoŏ	5 [*]
	City Pittsburgh	State Zip Code PA 15218					Amou	int of	f Each	Disb	urseme	ent this	Period
	Purpose of Disbursement 2006 Primary Election			0	11	7		_				1000	.00
	Candidate Name Rep. Michael F. Doyle		Ca	ate	egory/ ype								
		sement For: 2006 X Primary General Other (specify)					2006	Prin	mary	Elect	ion		
s])				>		_	•			3000.	00
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\setminus	NAME OF COMMITTEE (In Full)														
\rangle	American Podiatric Medical Assn., Inc. Po	odiatry Pol	itical Action Co	mr	mit	tee									
Α.	Full Name (Last, First, Middle Initial) Friends Of Congressman Tim Holden							Trans Date of				_	725		
	Mailing Address 18 N. Second Street PO Box 37						111 / D D /						Ý Ž	o ŏ s	5 ^Y
	City Saint Clair	State PA	Zip Code 17970					Amou	nt o	f Eac	h Di	sburs			Period
	Purpose of Disbursement 2006 Primary Election				0	11			_	_		-	1	1000.	00
	Candidate Name Rep. Tim Holden			С		egory/ vpe									
	Senate X President	ement For: Primary Other (spe	2006 General					2006	Prir	mary	/ Ele	ection	ו		
В.	State: PA District: 17 Full Name (Last, First, Middle Initial)							Trans				_	728		
ъ.	Pickering For Congress Mailing Address Po Box 6440							Date of	of Di	isbur / D		1/	Y Ž	o ŏ t	5 ^Y
	City Laurel	State MS	Zip Code 39441					Amou	nt o	f Eac	h Di	sburs	emen	t this I	Period
	Purpose of Disbursement 2006 Primary Election	IVIO	39441	Г	0	11							1	1000.	00
	Candidate Name Charles W. Pickering, Jr.			С	ate	egory/ vpe									
		ement For: Primary Other (spe	2006 General					2006	Prir	mary	/ Ele	ection	1		
	State: MS District: 3														
C.	Full Name (Last, First, Middle Initial) Friends of Max Baucus							Trans Date	of D	isbur	sem	ent	483		
	Mailing Address Box 586							1 1	М	/ D	14		Ý Ž	o ŏ s	5 Y
	City Helena	State MT	Zip Code 59624					Amou	nt o	f Eac	h Di	sburs	-		Period
	Purpose of Disbursement 2008 General Election				_	11							1	1500.	00
	Candidate Name Senator Max Baucus		2025	C		egory/ vpe									
	Office Sought: House Disburse X Senate President State: MT District: 1	ement For: Primary Other (spe	2005 X General ecify) ▼					2008	Ger	nera	l Ele	ection	ו		
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NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc	Podiatry Political Action Comm	mittee		
Full Name (Last, First, Middle Initial)			Transaction ID: 1172673	 30
Keller For Congress			Date of Disbursement	
Mailing Address P.O. Box 1453			111 D 14 / Y	2005
City Orlando	State Zip Code FL 32802		Amount of Each Disbursen	nent this Period
Purpose of Disbursement		011		1000.00
2006 Primary Election Candidate Name Rep. Richard A. Keller	Ca	011 ategory/ Type		
<u> </u>	rrsement For: 2006 X Primary General Other (specify) ▼	Туре	2006 Primary Election	
Full Name (Last, First, Middle Initial)			Transaction ID: 1172672	 <u>2</u> 9
Candice Miller For Congress			Date of Disbursement	
Mailing Address P.O. Box 182152			11	2005
City Shelby Township	State Zip Code MI 48318		Amount of Each Disbursen	
Purpose of Disbursement 2006 Primary Election		011		1000.00
Candidate Name Rep. Candice S. Miller	Ca	ategory/ Type		
Office Sought: X House Senate President State: MI District: 10	rrsement For: 2006 X Primary General Other (specify) ▼		2006 Primary Election	
Full Name (Last, First, Middle Initial) Billirakis For Congress			Transaction ID: 1172672 Date of Disbursement	 ?6
			M M / D D / Y	Y
Mailing Address 610 S Boulevard			11 14	2005
City Tampa	State Zip Code FL 33606		Amount of Each Disbursen	
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Candidate Name Mr. Gus Bilirakis		ategory/ Type		
Office Sought: X House Senate President State: FL District: 9	xrsement For: 2006 X Primary General Other (specify) ▼	•	2006 Primary Election	
	al)	•		3000.00
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\rangle	American Podiatric Medical Assn., Inc.	odiatry Political Action Co	omm	nit	tee									
	Full Name (Last, First, Middle Initial)						Trans	sact	ion II	D: 11	7267	27		
Α.	Friends Of Jim Marshall						Date				nt			_
	Mailing Address PO Box 125						1 1	М	/ D	14		ž	0 ŏ 5	5 ^Y
	City Macon	State Zip Code GA 31201					Amou	unt o	f Eac	h Dis	burse	men	t this f	Period
	Purpose of Disbursement	GA 31201				_						1	000.	00
	2006 Primary Election			Ō-	11			-		_				
	Candidate Name Rep. Jim Marshall			ate Ty	gory/ pe									
	Senate President	sement For: 2006 K Primary General Other (specify)					2006	Prii	mary	Ele	ction			
	State: GA District: 3 Full Name (Last, First, Middle Initial)													
В.	Rangel for Congress						Trans Date		isbur	seme			V	V
	Mailing Address 850 7th Avenue, #701						1 1	M	/ L	15		Ž	0 Ď 5	5
	City New York	State Zip Code NY 10019					Amou	unt o	f Eac	h Dis	burse			Period
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	Candidate Name Mr. Charles B. Rangel		Ca	-	gory/	_								
	Senate President	sement For: 2006 K Primary General Other (specify)					2006	Prii	mary	Ele	ction			
	State: NY District: 15													
C.	Full Name (Last, First, Middle Initial) Larson For Congress						Trans Date	of D	isbur	seme				
	Mailing Address 29 Ruff Circle						1 1	М	/ D	15		ž	0 ŏ 5	5 ^Y
	City Glastonbury	State Zip Code CT 06033					Amou	unt o	f Eac	h Dis	burse	emen	t this f	Period
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	Candidate Name Rep. John B. Larson				gory/ pe	_								
		sement For: 2006 C Primary General Other (specify)					2006	Prii	mary	Ele	ction			
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\setminus	NAME OF COMMITTEE (In Full)											
	American Podiatric Medical Assn., Inc. Po	diatry Political Action C	omr	mitt	ee							
Α.	Full Name (Last, First, Middle Initial) Friends of Jim McDermott							on ID: sburse	11729 ment	256		
	Mailing Address 710 9th St. SE					1 1	M /	^D 1	5 /	Ý Ž	0 Ď 5	, Y
	City Washington	State Zip Code DC 20003				Amou	nt of	Each	Disbur		-	
	Purpose of Disbursement 2006 Primary Election			01	1					. 1	0.00.0	00
	Candidate Name Dr. Jim McDermott		С	Cate Typ	gory/ be							
	Senate X President	ement For: 2006 Primary General Other (specify)				2006	Prim	nary E	Electio	n		
	State: WA District: 7 Full Name (Last, First, Middle Initial)					Trans	actio	n ID:	11743	R120		
	Friends Of Mike Ferguson					Date of		burse	ment		0 ŏ 5	Y
). Box 225				11				_		
	Colonia	State Zip Code NJ 07067				Amou	nt of	Each	Disbur		t this F	
	Purpose of Disbursement 2006 General Election			01							.000.0	JU .
	Candidate Name Rep. Mike Ferguson			Cate Typ	gory/ be							
	Office Sought: X House Disburse Senate President	ement For: 2006 Primary X General Other (specify)				2006	Gen	eral E	Electio	n		
	State: NJ District: 7											
C.	Full Name (Last, First, Middle Initial) Democratic Senatorial Campaign Committ	ee				Date of	of Dis	burse				
	Mailing Address 120 Maryland Avenue, N	E				1 1	M /	^D 2	9 /	Ý Ž	0 Ď 5	5 ^Y
	City Washington	State Zip Code DC 20002				Amou	nt of	Each	Disbur			
	Purpose of Disbursement 2006 Committee Dues			01	1				•	5	000.0	00
	Candidate Name		С	Cate Typ	gory/ pe							
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	committee to so	22 X 23 24 25 26 28a 28b 28c 29 30b for the purpose of solicating contributions olicit contributions from such committee Transaction ID: 11758483 Date of Disbursement M M M D 2 9 Y 2 0 0 5
Podiatry Political Action Co	committee to so	Transaction ID: 11758483 Date of Disbursement
Podiatry Political Action Co		Transaction ID: 11758483 Date of Disbursement
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		Transaction ID: 11759270
		Transaction ID: 11758379 Date of Disbursement
		1 1 1
State Zip Code WI 53701		Amount of Each Disbursement this Period
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rrsement For: 2006 X Primary General Other (specify) ▼		2006 Primary Election
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NAME OF COMMITTEE (In Full) American Podiatric Medical Assn., Inc. Po	diatry Political Action Com	nmit	tee								
Full Name (Last, First, Middle Initial)				Tra	nsact	ion ID:	117584	187			
National Republican Congressional Comm	ttee			Da	te of D	isburse		V * V	V	V	
Mailing Address 320 First Street, S.E				1	1 "	[/] 2	9 ′		0 0 5		
,	State Zip Code			Am	ount o	of Each	Disburs	ement	this P	eriod	
Washington Purpose of Disbursement	DC 20003			-				5	000.0	0	1
2006 Committee Dues		0.	11							_	1
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State: District:											_
Full Name (Last, First, Middle Initial) Volunteers For Shimkus				1		i ion ID: Disburse	117584 ement	186			
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Mailing Address P.O. Box 5458				1	-			-			
,	State Zip Code IL 62705			Am	ount o	of Each	Disburs	ement	t this P	eriod	-
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2006 General Election Candidate Name		0.	_								
Rep. John M. Shimkus	'	Cate	gory/ pe								
Office Sought: X House Disburse Senate President	ment For: 2006 Primary X General Other (specify)		•	200)6 Ge	neral I	Election	1			
State: IL District: 19											_
Full Name (Last, First, Middle Initial) National Republican Senatorial Committee					te of D	isburse		190			
Mailing Address Ronald Reagan Republic 425 2nd Street, NE	an Center			1		[/] 2	9 /	Y Ž	0 Ď 5	Y	
,	State Zip Code DC 20002			Am	ount o	of Each	Disburs	ement	this P	eriod	_
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\rangle	American Podiatric Medical Assn., Inc.	Podiatry Political Action C	omm	nit	ttee								
_	Full Name (Last, First, Middle Initial)						Trans	acti	on ID:	: 117	58002		
Α.	Friends Of Mike Ferguson							_	isburs			V V	V
	Mailing Address C/O Ron Gravino P	O. Box 225					1"1			29	Ĺ.	ž 0 ŏ :	5
	City Colonia	State Zip Code NJ 07067					Amou	int o	f Each	Disb	urseme	ent this	Period
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	Full Name (Last, First, Middle Initial)						Tropo	o o ti	on ID	. 117	E0101		
В.	A Whole Lot Of People For Grijalva Con	gressnl Cmte							isburs		'58484 t		
	Mailing Address P.O. Box 1242						1 ^M 1	М	[/] 2	2 9	/ Y	ž 0 ŏ :	5 ^Y
	City Tucson	State Zip Code AZ 85702					Amou	int o	f Each	Disb	urseme	ent this	
	Purpose of Disbursement			_	4.4	1			_			1000.	00
	2006 Primary Election Candidate Name Rep. Raul M. Grijalva		Ca	ate	11 egory/ ype	1							
	X X	rsement For: 2006 X Primary General Other (specify)					2006	Prir	mary	Elect	tion		
	Full Name (Last, First, Middle Initial)						_			447			
C.	Ben Cardin For Senate								isburs		′58318 t		
	Mailing Address PO Box 65056						1 ^M 1	М	[/] 2	29	/ Y	ž 0 ŏ :	5 ^Y
	City Baltimore	State Zip Code MD 21209					Amou	int o	f Each	Disb	urseme	ent this	Period
	Purpose of Disbursement 2006 Primary Election			Ó	11.	1	L.		•			1000.	00
	Candidate Name Mr. Benjamin Cardin				egory/ ype								
	Office Sought: House Disbut	rsement For: 2006 X Primary General Other (specify)	I	- 3	, I = -		2006	Prir	mary	Elect	tion		
_	State: MD District: 2	· 											
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